

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 64887522		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	1						51						
2		1	1				52						
3		1	1				53						
4		1	1				54						
5		1	1				55						
6		1	1				56						
7		1	1				57						
8		1	1				58						
9		1	1				59						
10		1	1				60						
11		1	1				61						
12		1	1				62						
(13)	1		1				63						
14		1	1				64						
15		1	1				65						
16		1	1				66						
(17)	1		1				67						
18		1	1				68						
19		1	1				69						
20		1	1				70						
21		1	1				71						
22		1	1				72						
23	X						73						
(24)	1		1				74						
25		1	1				75						
26	X						76						
27	X						77						
28	X						78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	20						TOTAL DEP.						
TOTAL CLAIMS	24						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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